Girl Info Sheet



Girl's Name:	1100 1111330
Grade Level:	
Parent/caregiver Name(s)	
What makes your child feel happy? Do they have any special talents that they like to show off?	
If your child had an hour of free time, how would they most likely use that time?	
Does your child have any developmental delays or disabilities? How can we accommodate these?	
How does your child communicate stress or frustration at home or with peers? What does your family do manage negative behaviors? Do you have any advice on how to handle your child's behavior?	to
What is the most important thing we should know about your child?	
Additional concerns or comments you would like to share about your child:	

Families Make It Happen!



Our troop family will serve as the best resource in developing meaningful experiences for our girls. Leadership is important but it is only one of the many ways you can help our troop. Please share a little bit about your interests, hobbies, or profession so we may know a little about you!

Parent/caregiver Name(s)				
Ema	il			
0				
☐ Games☐ Gardening	☐ Sciences	•		
I am affiliated with the following community groups:				
How often would you be willing to help with our troop? Oweekly Omonthly Occasionally Additional ways your family could contribute to our troop:				
	Lifeguard Water Safety Instructor Cooking/Nutrition Dental health Dramatics Drawing/painting Ecology Environmental issues Engineering First Aid/Health & Safety Games Gardening nn may be of interest to the given may be of	Email CPR for Infant/Child Water Safety Instructor CPR for Community Other:		